



The Chaikin Ultimate Group | 30 Dunton Avenue, Deer Park NY 11729
 631-242-2667 | ultimatepoolcare.com | glenn@chaikinultimatepools.com

WE ARE AN EQUAL OPPORTUNITY EMPLOYER
 WE CONSIDER APPLICANTS FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR,
 RELIGION, CREED, GENDER, NATIONAL ORIGIN, AGE, DISABILITY, MARITAL OR
 VETERAN STATUS, OR ANY OTHER LEGALLY PROTECTED STATUS.

PLEASE NOTE: Proof of citizenship or immigration status will be required upon employment.
 Only those with clean driving records will be hired to drive Company vehicles. Your driver's
 license must be available for photocopying at the time of your interview. If a job offer is made,
 we will be doing a motor vehicle check on your license before finalizing our offer.

POSITION(S) APPLIED FOR		TODAY'S DATE	
HOW DID YOU HEAR ABOUT US?		PLEASE PRINT	
LAST NAME	FIRST NAME	M.I.	
STREET ADDRESS		TOWN	ST. ZIP CODE
Telephone	Email		
DRIVERS LICENSE #	STATE ISSUED	IS THIS LICENSE VALID? Circle one: YES NO	
WEEKLY AVAILABILITY: (Check all that apply) __ S __ M __ T __ W __ TH __ F __ S	The 2021 Season runs from May 28 through September 6. Desired Start/End Date: Start: _____ End: _____		
PLEASE CHECK YES OR NO TO THE QUESTIONS BELOW			YES NO
If you are under 18 years of age, can you provide proof of your eligibility to work?			
Have you ever filed an application with us before? If yes, give date:			
Have you ever been employed with us before? If yes, give date:			
Are you currently employed?			
If yes, may we contact your present employer?			
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status?			
Are you currently on "lay-off" status and subject to recall?			
Do you have your own transportation to and from work?			
Do you have commitments at home or elsewhere that will take you away from work? If yes, explain below:			
Have you been convicted of a felony in the last seven (7) years? If yes, explain below:			

EDUCATION & CERTIFICATIONS

SCHOOL	NAME & ADDRESS OF SCHOOL	COURSE OF STUDY	NO. OF YEARS COMPLETED	DIPLOMA/ DEGREE
HIGH SCHOOL				
COLLEGE				
OTHER (SPECIFY)				
Certification	American Red Cross Lifeguard	__ Yes __ No	Expiration Date:	
Certification	BLS/CPR/AED	__ Yes __ No	Expiration Date:	

PREVIOUS WORK EXPERIENCE: Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin or other protected status.

EMPLOYER		WORK PERFORMED	
ADDRESS	DATES EMPLOYED FROM TO:		
TELEPHONE			
JOB TITLE	Hourly Pay/Salary Starting Final		
SUPERVISOR			
REASON FOR LEAVING		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	

EMPLOYER		WORK PERFORMED	
ADDRESS	DATES EMPLOYED FROM TO:		
TELEPHONE			
JOB TITLE	Hourly Pay/Salary Starting Final		
SUPERVISOR			
REASON FOR LEAVING		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	

EMPLOYER		WORK PERFORMED	
ADDRESS	DATES EMPLOYED FROM TO:		
TELEPHONE			
JOB TITLE	Hourly Pay/Salary Starting Final		
SUPERVISOR			
REASON FOR LEAVING		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	

COMMENTS: Include explanation of any gaps in employment.
Describe any specialized training, apprenticeship, skills or other qualifications acquired from employment or other experience.

Note to applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING. Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given. ___ YES ___ NO

PERSONAL/PROFESSIONAL REFERENCES. Do not include any family members.

NAME	PHONE NUMBER	BEST TIME TO CALL	OCCUPATION
1			
2			
3			

APPLICANTS STATEMENT:

I certify that answers given herein are true and complete. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

SIGNATURE OF APPLICANT

DATE